

APPROVED

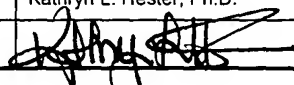
PTO DEPARTMENT OF COMMERCE

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Date Deposited: 07/31/2003

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 5820.639	
		First Inventor Bradley P. Kropp	
		Title URINARY TRACT TISSUE GRAFT COMPOSITIONS AND METHODS FOR PRODUCING SAME	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 272907824 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Appl., Comm. for Patents PO Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 59] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description - Redline Specification ____ pgs- Claim(s) - Clean Specification ____ pgs- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. This application is: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____ of prior application No.: _____ Group Art Unit: _____		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
<input type="checkbox"/> As a CON, DIV, or CIP, this application contains one or more changes to (1) the specification; (2) drawings; or (3) claims in the above-identified prior application. A red-line version of the application showing these changes will be made available to the examiner upon request.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 30589 (Insert Customer No. or Attach bar code label here)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
Name Dunlap, Coddling & Rogers, P.C.		13. <input type="checkbox"/> Preliminary Amendment	
Address P. O. Box 16370		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
City Oklahoma City		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Country USA		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Telephone (405) 607-8600		17. <input type="checkbox"/> Other:	
Fax (405) 607-8686			
Name (Print/Type) Kathryn L. Hester, Ph.D.		Registration No. (Attorney/Agent) 46,768	
Signature 		Date 7-31-03	

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DATE DEPOSITED: JULY 31, 2003

PATENT

IN THE UNITED STATE PATENT AND TRADEMARK OFFICE

Applicant: Kropp et al.)	Atty Dkt No: 5820.639
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METHODS FOR PRODUCING)	
SAME)	

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Commissioner for Patents
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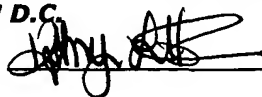
PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS
(37 CFR § 1.84(a)(2) AND (b)(2))

1. This Petition is for the acceptance of color:

- ☐ drawings. (37 CFR § 1.84(a)(2))
- ☒ photographs (37 CFR § 1.84(b)(20))

****I hereby certify that due to the indefinite suspension of U.S. Post Office Express Mail services, and pursuant to U.S. Patent and Trademark Office ("USPTO") instructions on 11/19/2001. This **Petition T Accept Color Drawings Or Photographs** and accompanying application are being deposited on **July 31, 2003** by U.S. Express Mail No. **EV 272907824 US** addressed to: COMMISSIONER OF PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450. **IT IS FURTHER OUR UNDERSTANDING THAT THE USPTO WILL BE RESPONSIBLE FOR FORWARDING ALL OF THE ENCLOSED DOCUMENTS TO THE USPTO OFFICE LOCATED IN WASHINGTON D.C.****

Kathryn L. Hester, Ph.D.



7-31-03

registered representative

2. Attached hereto are three (3) sets of color:

☐ drawings.

☒ photographs.

3. The reason(s) for the need for color drawings or photographs in this application is/are as follows:

Figs. 2-7, 10 and 11 are photomicrographs in which different colored stains are used to locate certain cells. The colored stains include red, blue, green and brown. When presented in black and white, it is impossible to distinguish unstained cells from stained cells or delineate one stain from another, and therefore one cannot differentiate between stained and unstained cells or between cells that stain differently.

4. The petition fee required to waive the requirement of § 1.84 (37 CFR § 1.17(i) - \$130.00) is paid as follows:

☐ Attached is a

☐ check

☐ money order

in the amount of \$_____.

☒ Authorization is hereby made to charge the amount of \$130.00

☒ to Deposit Account No. 04-1700

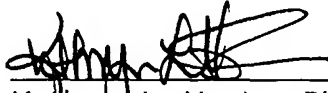
☐ to credit card as shown on the attached credit card
information authorization form PTO-2038.

☒ Charge any additional fees required by this paper or credit any

overpayment in the manner authorized above.

A duplicate of this paper is attached.

Respectfully submitted,



Kathryn L. Hester, Ph.D., Reg. No. 46,768

DUNLAP, CODDING & ROGERS, P.C.

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Agent for Applicant